

South Dakota Board of Nursing

South Dakota Department of Health
722 Main Street, Suite 3; Spearfish, SD 57783
(605) 642-1388; Fax: (605)642-1389; www.state.sd.us/doh/nursing

Nurse Aide Application for Re-Approval of Training Program

All Nurse Aide (NA) Training Programs in South Dakota must be approved by the South Dakota Board of Nursing pursuant to ARSD-44:04:18:15. Approval status is granted for a two-year period. Written approval or denial of approval will be issued within 90 days after receipt of the application. Send completed application and supporting documentation to:

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| Name of Institution: Good Samaria | tan (| Sxiety E | xuel Co | | |
|---|-------|----------|------------------|--------------------------------------|--|
| Address: 913 Col Pete St | | | | | |
| MINE 1 NK 50 57226 | | | | | |
| Phone Number: 605-874-21.59 Fax Number: 605-874-8449 | | | | | |
| E-mail Address of Faculty: Chruinsme Good - Sam, Cam | | | | | |
| E-Itiali Modificial of Carrier | 0 | | | | |
| Select option(s) for Re-Approval: Request re-approval without changes to program coordinator, primary instructor, supplemental personnel or curriculum 1. List personnel and licensure information 2. Complete evaluation of the curriculum Request re-approval with faculty changes and/or curriculum changes 1. List personnel and licensure information, attach curriculum vitas, resumes, or work history for new personnel 2. Complete evaluation of the curriculum 3. Submit documentation to support requested curriculum changes | | | | | |
| 1. List Personnel and Licensure Information: | | | | | |
| Program Coordinator must be a registered nurse with 2 years nursing experience, at least one of which is in the provision of long-term care services. The Director of Nursing (DON) may serve simultaneously as the program coordinator but may not perform training while serving as DON. (ARSD 44:04:18:10) | | | | | |
| | | | RN LICENSE | | |
| Name of Program Coordinator | State | Number | Expiration Date | Verification (Completed by SDBON) | |

If requesting new Program Coordinator, attach curriculum vita, resume, or work history

Primary Instructor must be a licensed nurse (RN or LPN) with 2 years nursing experience, at least one of which is in the provision of long-term care services. The primary instructor is the actual teacher of course material. (ARSD 44:04:18:11)

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SD R018491

7/3/2013

| | RN OR LPN LICENSE | | | |
|----------------------------|-------------------|---------|--|--------------------------------------|
| Name of Primary Instructor | State | Number | | Verification (Completed by SDBON) |
| Parla & Bruinsma | (5/) | R018491 | | XIIII |

If requesting new Primary Instructor, attach curriculum vita, resume, or work history, and attach documentation supporting previous experience in teaching adults within the past five years or documentation of completing a course in the instruction of adults.

<u>Supplemental Personnel</u> may assist with instruction, they must have one year of experience in their respective field of practice, i.e. additional licensed nurses, social worker, physical therapist. (ARSD 44:04:18:12) *If requesting new Supplemental Personnel*, attach curriculum vita, resume, or work history.



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| | LICENSURE/REGISTRATION | | | |
|--------------------------------------|------------------------|--------|--------------------|---|
| Supplemental Personnel & Credentials | State | Number | Expiration Date | Verification (Completed by SDBON) |
| | | | | |
| | | | | |

 Complete Evaluation of the Curriculum: Indicate compliance relative to each standard during the previous two years. Explain any "no" responses on a separate sheet of paper. (Pursuant to ARSD 44:04:18 07, the Department of Health may conduct an unannounced on-site visit to determine compliance with regulrements.)

| Standard | Yeş | No |
|---|-----|----|
| Program was no less than 75 hours. | | |
| Provided minimum 16 hours of instruction prior to students having direct patient contact. | / | |
| Provided minimum 16 hours of supervised practical instruction; instructor ratio did not exceed 8 students for one instructor. | / | |
| Provided instruction on each content area (see ARSD 44:04:18:15): | /_ | |
| Basic nursing skills | / | |
| Personal care skills | / | |
| Mental health and social services | | |
| Care of cognitively impaired clients | | |
| Basic restorative nursing services | / | |
| Residents' rights | / | |
| Students did not perform any patient services until after the primary instructor found the student to be competent | / | |
| Students only provided patient services under the supervision of a licensed nurse | | |
| Your agency maintains a 75% pass rate of students on the competency evaluation (written and skills exam taken through the SD Healthcare Association). | 1 | |

| ly, video on date, etc). |
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| environment uch changes assisting with |
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| | developmental tasks associated with aging | g: responding appropriately to behaviors, awareness of g process; respecting personal choices and preserving client anal support; |
|-----------------|---|---|
| | Care of cognitively impaired clients, include | ling: communication and techniques for oddressing and |
| | eating, and dressing; range of motion; tu | ng: self-care; use of assistive devices in transferring; ambulation, ming and positioning in bed and chair; bowel and bladder care still and orthotic devices; |
| | Residents' rights, including: privacy and c | confidentiality; self-determination; reporting grievances and vities; security of personal possessions; promoting an ent, and neglect and requirement to report; avoiding restraints. |
| Program Coor | dinator Signature: A Suumon | 14.1N Date: 12/3/2012 |
| This section to | o be completed by the South Dakota B | oard of Nursing |
| Date Applicati | on Received: 12/4/12 | Date Application Denied: |
| Date Approve | | Reason for Denial: |
| Board Represe | entative: | |
| | ent to Institution: (2/11/12 | |